

Firm Application Checklist**Name:**

Section 232/223(f)

Project**U.S. Department of Housing
and Urban Development**
Office of Healthcare ProgramsOMB Approval No. 9999-9999
(exp. mm/dd/yyyy)

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Project Number:**Section 232/223(f)**

Public reporting burden for this collection of information is estimated to average 1 hour. This includes the time for collecting, reviewing, and reporting the data. The information is being collected to obtain the supportive documentation which must be submitted to HUD for approval and is necessary to ensure that viable projects are developed and maintained. The Department will use this information to determine if properties meet HUD requirements with respect to development, operation and/or asset management, as well as ensuring the continued marketability of the properties. Response to this request for information is required in order to receive the benefits to be derived. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number. No confidentiality is assured.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Project Name:**Project Number:****Firm Application Checklist****SUBMISSION REQUIREMENTS:**

- Send one electronic (CD, flash drive, etc.) copy of all the documents identified in the table below to ~~Amea Welch~~ (Dept of HUD, 909 1st Avenue, Suite 190, Seattle, WA 98104-1000), the assigned OHP staff member identified by HUD in Email Blast for receipt of the Firm Application submission.
- ~~OIHCF~~OHP will email you with the instructions for sending hard copies—see Email Blast dated 1/15/2010.

Per 9/18/09 Email Blast, one hard copy of the following documents will be sent directly to the HUD Closing Attorney—instructions for such will be included in the email from OIHCF—please send in this order:

—Copy of Email from OIHCF Underwriter that lists the documents

- Underwriting Narrative (Exhibit 1-2)
- Contact List (Exhibit 1-8)
- Organizational Does of Mortgagor (Exhibits 3-1 & 3-2)
- Organizational Does for principals of Mortgagor (if applicable) (Exhibits 4-1 & 4-2)
- Organizational Does of Operator/Lessee (Exhibits 5-1 & 5-2)
- Operator Lease, Memorandum of Lease, & Estoppel Certificate, (if applicable) (Exhibit 5-11)
- Master Lease (if applicable) (Exhibit 5-12)
- Organizational Does of Parent of Operator (if applicable) (Exhibits 6-1 & 6-2)
- Organizational Does of Management Agent (if applicable) (Exhibits 7-1 & 7-2)
- Licenses (Exhibit 8-2)
- Title (Exhibit 8-3)
- Survey (Exhibit 8-4) (full size)
- Evidence of compliance (zoning, building, etc.) (Exhibit 8-5)
- Commercial Leases (if applicable) (Exhibit 8-8)
- Ground Lease (if applicable) (Exhibit 8-9)
- Accounts Receivable Documents (if applicable) (Exhibit 9-12)

PORTFOLIOS: On portfolios being submitted and reviewed in underwriting by HUD at relatively the same time, the portions of Sections 4, 5, 6, 7, 10, 12, and 13 (as applicable) that are the same across all or a batch of projects may be submitted in one (or more) Master Mortgage Credit submission(s).

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No.	Item	N/A	Incl.
Section 1: Underwriting			
1-1.	A. Check ¹ – FHA Application Fee (0.3% of Mortgage Amount) B. Check Transmittal Letter C. Completed Firm Application Checklist C.D. Certification for Electronic Submittal Document		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
1-2.	A. Lender's Underwriting Narrative ² (<i>Submit electronic version as a pdf and as a Word document</i>) B. Completed Risk Assessment Worksheet (Submit only electronic-Excel Spreadsheet)		<input type="checkbox"/> <input type="checkbox"/>
1-3.	HUD Underwriting Forms (<i>signed and dated by the Lender</i>) A. HUD-92264 HCF, Health Care Summary Appraisal Report B.A. HUD-92264-T, Rent Estimates for Low/Moderate Income Units (if applicable) C. HUD-92264-A, Supplement to Project Analysis 1. Format for Computing Fees in a Refinance or Purchase Transaction 2. Format for Computing Operating Deficit 3. Criterion 11, Amount based on Deduction of Grant(s), Loan(s) and Gift(s) (if applicable) D.B. Maximum Amount Permitted to be Financed Through Promissory Notes (if applicable)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
1-4.	Firm Commitment (DRAFT) with Special Conditions (<i>Submit electronic version as a Word document</i>) <u>(Note: "Exhibit A", "Exhibit B", etc. must be displayed on the top of each exhibit to the Firm Commitment)</u> A. Exhibit A, Legal Description B. Exhibit B, Replacement Reserve Schedule (<i>include the Replacement Reserve Schedule from the Narrative and the Realty and Non-Realty Replacement Reserve Analysis completed by the PCNA contractor</i>) C. Exhibit C, List of Required Repairs (if applicable) D.C. (Note: "Exhibit A", "Exhibit B", etc. must be displayed on the top of the document)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
1-5.	HUD-92329, Property Insurance Schedule (<i>signed and dated by the Lender</i>)		<input type="checkbox"/>
1-6.1	Property Insurance Requirements A. HUD-92447, Property Insurance Requirements Update and Additional Property Insurance Requirements (Appendix 2, H-01-03)		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
1-7.1	Lender's Consolidated Certification		<input type="checkbox"/>
1-8.1	Contact List		<input type="checkbox"/>
1-9.	BPRS (only required for paper 2530 submissions): Verification that all applicable participants have completed their registration in the Business Partners Registration System (http://www.hud.gov/offices/hsg/mfh/apps/appsmfhm.cfm)	<input type="checkbox"/>	<input type="checkbox"/>
1-10.	Copies of any email guidance provided by HUD on this project before the submittal.	<input type="checkbox"/>	<input type="checkbox"/>
1-11.	Copy of previously signed HUD 2 (waiver form) and/or draft HUD 2.	<input type="checkbox"/>	<input type="checkbox"/>
1-10.	Portfolio Approval Letter and attachments ³	<input type="checkbox"/>	<input type="checkbox"/>
Section 2: Third Party Reports⁴			
2-1.	Appraisal		<input type="checkbox"/>
2-2.	Environmental A. Phase I Environmental Report B. Phase II Environmental Report (if applicable) C. Operations & Maintenance Plan - Asbestos (if applicable)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2-3.	Project Capital Needs Assessment (PCNA) (also provide any required specialty reports)		<input type="checkbox"/>
Section 3: Mortgage			

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No.	Item	N/A	Incl.
3-1.	Organizational Chart		<input type="checkbox"/>
3-2.	Organizational Documents		
	A. Corporate	<input type="checkbox"/>	<input type="checkbox"/>
	1. Articles of Incorporation		<input type="checkbox"/>
	2. Bylaws		<input type="checkbox"/>
	3. Authorizing Resolutions		<input type="checkbox"/>
	B. Partnership	<input type="checkbox"/>	<input type="checkbox"/>
	1. Partnership Agreement		<input type="checkbox"/>
	2. Certificate of Partnership		<input type="checkbox"/>
	3. Authorizing Resolutions		<input type="checkbox"/>
	C. Limited Liability Company	<input type="checkbox"/>	<input type="checkbox"/>
	1. Articles of Organization		<input type="checkbox"/>
	2. Operating Agreement		<input type="checkbox"/>
	3. Authorizing Resolutions		<input type="checkbox"/>
3-3.	Nonprofit Mortgagor⁵	<input type="checkbox"/>	<input type="checkbox"/>
	A. HUD-3433, Eligibility as a Nonprofit	<input type="checkbox"/>	<input type="checkbox"/>
	B. Detailed explanation of motivations for project	<input type="checkbox"/>	<input type="checkbox"/>
3-4.3	2530/APPS Certification:		
	A. Paper 2530:		
	1. Completed Paper HUD-2530 (with documentation for signature authority to sign for the entity & if applicable, with documentation for signature authority to sign for other principals with same participation) OR	<input type="checkbox"/>	<input type="checkbox"/>
	2. Evidence of registration in HUD's Business Partners Registration System – required for all applicable participants. (http://www.hud.gov/offices/hsg/mfh/apps/appsmfhm.cfm)	<input type="checkbox"/>	<input type="checkbox"/>
	OR		
	B. APPS Submittal: APPS Certification (with documentation for signature authority to sign for the entity & if applicable, with documentation for signature authority to sign for other principals with same participation)	<input type="checkbox"/>	<input type="checkbox"/>
3-5.3	Mortgagor's Consolidated Certification		<input type="checkbox"/>
3-6.3	Credit Report		<input type="checkbox"/>
3-7.3	Financial Statements – Year-to-Date ⁶		
	A. Balance Sheet		<input type="checkbox"/>
	1. Aging of Accounts Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	2. Aging of Notes Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	3. Schedule of Pledged Assets	<input type="checkbox"/>	<input type="checkbox"/>
	4. Schedule of Marketable Securities	<input type="checkbox"/>	<input type="checkbox"/>
	5. Schedule of Accounts Payable	<input type="checkbox"/>	<input type="checkbox"/>
	6. Schedule of Notes and Mortgages Payable	<input type="checkbox"/>	<input type="checkbox"/>
	7. Schedule of Legal Proceedings	<input type="checkbox"/>	<input type="checkbox"/>
	B. Income and Expense Statement		<input type="checkbox"/>
	C. Financial Statement Certification ⁷		<input type="checkbox"/>

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No.	Item	N/A	Incl.
3-8-3	Financial Statements – FY 20XX ⁸	<input type="checkbox"/>	<input type="checkbox"/>
	A. Balance Sheet		<input type="checkbox"/>
	1. Aging of Accounts Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	2. Aging of Notes Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	3. Schedule of Pledged Assets	<input type="checkbox"/>	<input type="checkbox"/>
	4. Schedule of Marketable Securities	<input type="checkbox"/>	<input type="checkbox"/>
	5. Schedule of Accounts Payable	<input type="checkbox"/>	<input type="checkbox"/>
	6. Schedule of Notes and Mortgages Payable	<input type="checkbox"/>	<input type="checkbox"/>
	7. Schedule of Legal Proceedings	<input type="checkbox"/>	<input type="checkbox"/>
	B. Income and Expense Statement		<input type="checkbox"/>
	C. Financial Statement Certification ⁶		<input type="checkbox"/>
3-9-3	Financial Statements – FY 20XX ⁷ 20XX ⁶	<input type="checkbox"/>	<input type="checkbox"/>
	A. Balance Sheet		<input type="checkbox"/>
	1. Aging of Accounts Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	2. Aging of Notes Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	3. Schedule of Pledged Assets	<input type="checkbox"/>	<input type="checkbox"/>
	4. Schedule of Marketable Securities	<input type="checkbox"/>	<input type="checkbox"/>
	5. Schedule of Accounts Payable	<input type="checkbox"/>	<input type="checkbox"/>
	6. Schedule of Notes and Mortgages Payable	<input type="checkbox"/>	<input type="checkbox"/>
	7. Schedule of Legal Proceedings	<input type="checkbox"/>	<input type="checkbox"/>
	B. Income and Expense Statement		<input type="checkbox"/>
	C. Financial Statement Certification ⁶		<input type="checkbox"/>
3-10-3	Financial Statements – FY 20XX ⁷ 20XX ⁶	<input type="checkbox"/>	<input type="checkbox"/>
	A. Balance Sheet		<input type="checkbox"/>
	1. Aging of Accounts Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	2. Aging of Notes Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	3. Schedule of Pledged Assets	<input type="checkbox"/>	<input type="checkbox"/>
	4. Schedule of Marketable Securities	<input type="checkbox"/>	<input type="checkbox"/>
	5. Schedule of Accounts Payable	<input type="checkbox"/>	<input type="checkbox"/>
	6. Schedule of Notes and Mortgages Payable	<input type="checkbox"/>	<input type="checkbox"/>
	7. Schedule of Legal Proceedings	<input type="checkbox"/>	<input type="checkbox"/>
	B. Income and Expense Statement		<input type="checkbox"/>
	C. Financial Statement Certification ⁶		<input type="checkbox"/>
Section 4: Principal of Mortgagor—(complete for each principal)⁹			
4-1.	Organizational Chart (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
4-2.	Organizational Documents (if applicable)		
	A. Corporate	<input type="checkbox"/>	<input type="checkbox"/>
	1. Articles of Incorporation		<input type="checkbox"/>
	2. Bylaws		<input type="checkbox"/>
	3. Authorizing Resolutions		<input type="checkbox"/>
	B. Partnership	<input type="checkbox"/>	<input type="checkbox"/>
	1. Partnership Agreement		<input type="checkbox"/>
	2. Certificate of Partnership		<input type="checkbox"/>
	3. Authorizing Resolutions		<input type="checkbox"/>
	C. Limited Liability Company	<input type="checkbox"/>	<input type="checkbox"/>
	1. Articles of Organization		<input type="checkbox"/>
	2. Operating Agreement		<input type="checkbox"/>
	3. Authorizing Resolutions		<input type="checkbox"/>
4-3.	<u>Resume/Resume/Evidence that individual or entity is qualified</u>		<input type="checkbox"/>

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No.	Item	N/A	Incl.
5-6.	Credit Report		
	A. Operator (Lessee)		<input type="checkbox"/>
	B. Sampling of Operator's Other Business Concerns (<i>from list attached to Consolidated Certification</i>)	<input type="checkbox"/>	<input type="checkbox"/>
	C. Senior officers of the operator	<input type="checkbox"/>	<input type="checkbox"/>
	B-D. Any stockholder with a 25 percent or more interest in the operator	<input type="checkbox"/>	<input type="checkbox"/>
5-7.	Financial Statements – Year-to-Date ⁶		
	A. Balance Sheet		<input type="checkbox"/>
	1. Aging of Accounts Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	2. Aging of Notes Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	3. Schedule of Pledged Assets	<input type="checkbox"/>	<input type="checkbox"/>
	4. Schedule of Marketable Securities	<input type="checkbox"/>	<input type="checkbox"/>
	5. Schedule of Accounts Payable	<input type="checkbox"/>	<input type="checkbox"/>
	6. Schedule of Notes and Mortgages Payable	<input type="checkbox"/>	<input type="checkbox"/>
	7. Schedule of Legal Proceedings	<input type="checkbox"/>	<input type="checkbox"/>
	B. Income and Expense Statement		<input type="checkbox"/>
	C. Financial Statement Certification ⁶		<input type="checkbox"/>
5-8.	Financial Statements – FY 20XX ⁷ 20XX ⁶	<input type="checkbox"/>	
	A. Balance Sheet		<input type="checkbox"/>
	1. Aging of Accounts Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	2. Aging of Notes Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	3. Schedule of Pledged Assets	<input type="checkbox"/>	<input type="checkbox"/>
	4. Schedule of Marketable Securities	<input type="checkbox"/>	<input type="checkbox"/>
	5. Schedule of Accounts Payable	<input type="checkbox"/>	<input type="checkbox"/>
	6. Schedule of Notes and Mortgages Payable	<input type="checkbox"/>	<input type="checkbox"/>
	7. Schedule of Legal Proceedings	<input type="checkbox"/>	<input type="checkbox"/>
	B. Income and Expense Statement		<input type="checkbox"/>
	C. Financial Statement Certification ⁶		<input type="checkbox"/>
5-9.	Financial Statements – FY 20XX ⁷ 20XX ⁶	<input type="checkbox"/>	
	A. Balance Sheet		<input type="checkbox"/>
	1. Aging of Accounts Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	2. Aging of Notes Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	3. Schedule of Pledged Assets	<input type="checkbox"/>	<input type="checkbox"/>
	4. Schedule of Marketable Securities	<input type="checkbox"/>	<input type="checkbox"/>
	5. Schedule of Accounts Payable	<input type="checkbox"/>	<input type="checkbox"/>
	6. Schedule of Notes and Mortgages Payable	<input type="checkbox"/>	<input type="checkbox"/>
	7. Schedule of Legal Proceedings	<input type="checkbox"/>	<input type="checkbox"/>
	B. Income and Expense Statement		<input type="checkbox"/>
	C. Financial Statement Certification ⁶		<input type="checkbox"/>

No.	Item	N/A	Incl.
5-10.	Financial Statements – FY 20XX ⁷ 20XX ⁶	<input type="checkbox"/>	<input type="checkbox"/>
	A. Balance Sheet	<input type="checkbox"/>	<input type="checkbox"/>
	1. Aging of Accounts Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	2. Aging of Notes Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	3. Schedule of Pledged Assets	<input type="checkbox"/>	<input type="checkbox"/>
	4. Schedule of Marketable Securities	<input type="checkbox"/>	<input type="checkbox"/>
	5. Schedule of Accounts Payable	<input type="checkbox"/>	<input type="checkbox"/>
	6. Schedule of Notes and Mortgages Payable	<input type="checkbox"/>	<input type="checkbox"/>
	7. Schedule of Legal Proceedings	<input type="checkbox"/>	<input type="checkbox"/>
	B. Income and Expense Statement	<input type="checkbox"/>	<input type="checkbox"/>
	C. Financial Statement Certification ⁶	<input type="checkbox"/>	<input type="checkbox"/>
5-11.	<u>Operating Lease</u>	<input type="checkbox"/>	<input type="checkbox"/>
5-12.	A. <u>Master Operating Lease</u> (with HUD Addendum) Only Applies to Portfolios	<input type="checkbox"/>	<input type="checkbox"/>
	B. <u>Sublease</u>	<input type="checkbox"/>	<input type="checkbox"/>
	C. <u>Draft HUD Master Memorandum of Lease SNDA or</u>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>Subordination, Non-Disturbance & Attornment Agreement (SNDA) (if applicable for</u>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>non-related owner and operator)</u>	<input type="checkbox"/>	<input type="checkbox"/>
	D. <u>Draft HUD amendment to Operator LEAN Rider to Regulatory Agreement Estoppel</u>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>Certification</u>	<input type="checkbox"/>	<input type="checkbox"/>
Section 6: Parent of Operator ¹²		<input type="checkbox"/>	<input type="checkbox"/>
6-1.	Organizational Chart	<input type="checkbox"/>	<input type="checkbox"/>
6-2.	Organizational Documents		
	A. Corporate	<input type="checkbox"/>	<input type="checkbox"/>
	1. Articles of Incorporation	<input type="checkbox"/>	<input type="checkbox"/>
	2. Bylaws	<input type="checkbox"/>	<input type="checkbox"/>
	3. Authorizing Resolutions	<input type="checkbox"/>	<input type="checkbox"/>
	B. Partnership	<input type="checkbox"/>	<input type="checkbox"/>
	1. Partnership Agreement	<input type="checkbox"/>	<input type="checkbox"/>
	2. Certificate of Partnership	<input type="checkbox"/>	<input type="checkbox"/>
	3. Authorizing Resolutions	<input type="checkbox"/>	<input type="checkbox"/>
	C. Limited Liability Company	<input type="checkbox"/>	<input type="checkbox"/>
	1. Articles of Organization	<input type="checkbox"/>	<input type="checkbox"/>
	2. Operating Agreement	<input type="checkbox"/>	<input type="checkbox"/>
	3. Authorizing Resolutions	<input type="checkbox"/>	<input type="checkbox"/>
6-3.	A. Resume² <u>A. Resume²/ Evidence that individual or entity is qualified</u>	<input type="checkbox"/>	<input type="checkbox"/>
	B. Schedule of Facilities Owned, Operated or Managed	<input type="checkbox"/>	<input type="checkbox"/>
6-4.	<u>NOT APPLICABLE 2530's/APPS Not Applicable to Parent of Operator</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6-5.	Parent of Operator's Consolidated Certification	<input type="checkbox"/>	<input type="checkbox"/>
6-6.	Credit Report	<input type="checkbox"/>	<input type="checkbox"/>
	A. Parent of Operator	<input type="checkbox"/>	<input type="checkbox"/>
	B. Sampling of Parent of Operator's Other Business Concerns <i>(from list attached to Consolidated Certification)</i>	<input type="checkbox"/>	<input type="checkbox"/>

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No.	Item	N/A	Incl.
6-7.	Financial Statements – Year-to-Date ⁵ A. Balance Sheet 1. Aging of Accounts Receivable 2. Aging of Notes Receivable 3. Schedule of Pledged Assets 4. Schedule of Marketable Securities 5. Schedule of Accounts Payable 6. Schedule of Notes and Mortgages Payable 7. Schedule of Legal Proceedings B. Income and Expense Statement C. Financial Statement Certification ⁶	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6-8.	Financial Statements – FY 20XX ⁷ <u>20XX</u> ⁶ A. Balance Sheet 1. Aging of Accounts Receivable 2. Aging of Notes Receivable 3. Schedule of Pledged Assets 4. Schedule of Marketable Securities 5. Schedule of Accounts Payable 6. Schedule of Notes and Mortgages Payable 7. Schedule of Legal Proceedings B. Income and Expense Statement C. Financial Statement Certification ⁶	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6-9.	Financial Statements – FY 20XX ⁷ <u>20XX</u> ⁶ A. Balance Sheet 1. Aging of Accounts Receivable 2. Aging of Notes Receivable 3. Schedule of Pledged Assets 4. Schedule of Marketable Securities 5. Schedule of Accounts Payable 6. Schedule of Notes and Mortgages Payable 7. Schedule of Legal Proceedings B. Income and Expense Statement C. Financial Statement Certification ⁶	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6-10.	Financial Statements – FY 20XX ⁷ <u>20XX</u> ⁶ A. Balance Sheet 1. Aging of Accounts Receivable 2. Aging of Notes Receivable 3. Schedule of Pledged Assets 4. Schedule of Marketable Securities 5. Schedule of Accounts Payable 6. Schedule of Notes and Mortgages Payable 7. Schedule of Legal Proceedings B. Income and Expense Statement C. Financial Statement Certification ⁶	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Section 7: Management Agent¹³		<input type="checkbox"/>	<input type="checkbox"/>
7-1.	Organizational Chart (if applicable – per footnote to this entire section)	<input type="checkbox"/>	<input type="checkbox"/>

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No.	Item	N/A	Incl.
7-2.	Organizational Documents (if applicable – per footnote to this entire section)		
	A. Corporate	<input type="checkbox"/>	<input type="checkbox"/>
	1. Articles of Incorporation		<input type="checkbox"/>
	2. Bylaws		<input type="checkbox"/>
	3. Authorizing Resolutions		<input type="checkbox"/>
	B. Partnership	<input type="checkbox"/>	<input type="checkbox"/>
	1. Partnership Agreement		<input type="checkbox"/>
	2. Certificate of Partnership		<input type="checkbox"/>
	3. Authorizing Resolutions		<input type="checkbox"/>
	C. Limited Liability Company	<input type="checkbox"/>	<input type="checkbox"/>
	1. Articles of Organization		<input type="checkbox"/>
	2. Operating Agreement		<input type="checkbox"/>
	3. Authorizing Resolutions		<input type="checkbox"/>
7-3.	HUD Management Forms A. HUD 9832, Management Entity Profile B. Certifications 1. HUD 9839 A, Project Owner's Certification for Owner-Managed ... Projects 2. HUD 9839 B, Project Owner's/Management Agent's Certification for ... Identity of Interest or Independent Management Agents HUD 9839 C, Project Owner's/Borrower's Certification for Elderly Housing Projects Managed by Administrators Form (if applicable – per footnote to this entire section)		<input type="checkbox"/>
7-4.	Management Agreement	<input type="checkbox"/>	<input type="checkbox"/>
7-5.	A. Resume² A. Resume²/ Evidence that individual or entity is qualified B. Schedule of Facilities Owned, Operated or Managed	<input type="checkbox"/>	<input type="checkbox"/>
7-6.	2530/APPS Certification: A. Paper 2530: 1. Completed Paper HUD-2530 (with documentation for signature authority to sign for the entity & if applicable, with documentation for signature authority to sign for other principals with same participation) <u>OR</u> 2. Evidence of registration in HUD's Business Partners Registration System – required for all applicable participants. (http://www.hud.gov/offices/hsg/mfh/apps/appsmfhm.cfm) <u>OR</u> B. APPS Submittal: APPS Certification (with documentation for signature authority to sign for the entity & if applicable, with documentation for signature authority to sign for other principals with same participation)	<input type="checkbox"/>	<input type="checkbox"/>
7-7.	Management Agent's Consolidated Certification ¹⁴	<input type="checkbox"/>	<input type="checkbox"/>
7-8.	Credit Report		<input type="checkbox"/>
Section 8: Real Estate			

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No.	Item	N/A	Incl.
9-10.	State licensing inspection reports for last 3-years/last 3 inspections <u>inspections</u>	<input type="checkbox"/>	<input type="checkbox"/>
9-11.	Facility Administrator A. Resume' B. License (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
9-12.	Account receivable (A/R) financing documentation A. Revolving Loan Note B. Loan <u>Example of Resident Care and/or Rental Agreement</u> C. Lessee Security Agreement D. UCC-1 Filings (all) E. Guarantees (if applicable) F. Intercreditor Agreement (ICA) between A/R Lender and FHA Lender G. HUD Rider to Intercreditor Agreement H. Deposit Control Agreement I. Lock-box Agreement or equivalent control agreement J. Draft Mortgagor Attorney's Opinion K. Draft Operator/Lessee Regulatory Agreement L. Rider including all required A/R Conditions <u>Accounts Receivable Financing Certifications (Format posted to HUD.GOV)(s) for the facility.</u>	<input type="checkbox"/>	<input type="checkbox"/>
9-13.	Example of Resident Care and/or Rental Agreement(s) for the facility.	<input type="checkbox"/>	<input type="checkbox"/>
9-14.	Example of Provider Agreement(s) for the facility.	<input type="checkbox"/>	<input type="checkbox"/>
Section 10: Professional Liability Insurance (PLI)²⁰			
10-1.	Schedule of Facilities Covered by PLI Policy. Information on the PLI provider: A. Copy of each insurance carrier's license – showing the name of insurance carrier B. Evidence of insurance company(s) rating (<i>Print-out from AM Best Rating or other</i>)	<input type="checkbox"/>	<input type="checkbox"/>
10-2.	Limits of coverage and list of facilities (including bed counts) included under this coverage.	<input type="checkbox"/>	<input type="checkbox"/>
10-2.	<u>State licensing inspection reports for facilities identified on insured's Schedule surveys shall be transmitted as part of Facilities Owned, Operated or Managed. Lender must submit copies of inspection reports for the application for the last three years of all individual facilities of the operator if the operator has less than five facilities that have open level "G" or higher citations/deficiencies. The Lender must address any issues/risks associated to determine the quality of care provided by the operator. If the operator has five or more facilities, complete copies of state licensing surveys for all facilities with the reports and show how they would be mitigated. If no open/serious unresolved level G or higher deficiencies (deficiencies, where there is actual harm to residents commonly referred to as "G" or higher level deficiencies) shall be transmitted if this should be stated. Note: deficiency has not been removed within a one month period. If any facility has recent (within the last 2 years) resolved "G" or higher citations/deficiencies, the Lender must address this in the Narrative, however, a copy of the submit the inspection report is not required. Please provide a narrative discussion regarding the topic, the risk and how it will be mitigated.</u>	<input type="checkbox"/>	<input type="checkbox"/>
10-3.	Loss history	<input type="checkbox"/>	<input type="checkbox"/>
10-4.	Potential claims certification	<input type="checkbox"/>	<input type="checkbox"/>

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No.	Item	N/A	Incl.
10-5.	<p><u>Evidence of PLI coverage for statute of limitations period (provide documentation from the state which shows statute of limitation period)</u>The operator or its parent operator must submit a six-year loss history of professional liability claims filed against it for all facilities controlled by the operator or parent operator. The six-year loss history should be provided in annual summary form (prepared by the insurance company or third-party administrator) and should:</p> <ul style="list-style-type: none"> • <u>Provide a current inventory of all paid or settled claims;</u> • <u>Break out the expected cost of claims in a year by year summary. In separate line items, list the amount of the actual and/or anticipated awards, claims expenses, and any funds reserved for estimated claims;</u> • <u>List total actual or estimated claims costs for compensatory damages, medical expenses, punitive damages and legal expenses incurred processing the claim;</u> • <u>Identify potential or expected professional liability claims in excess of \$10,000 that have been or may be filed for all periods within the statute of limitations for the State where the claim occurred;</u> • <u>Include a brief discussion or chart that provides the timeframe for the statutes of limitations for filing claims of negligence, injuries, wrongful death, and/or improper care based-the law in the states where the parent operator's facilities are located.</u> • <u>Include a certification from the parent operator (operator – if no parent) as to the accuracy of this documentation. The certification must be signed, and dated by a senior officer of the parent operator (operator – if no parent), and include the following statement:</u> <u>"HUD will prosecute false claims and statements. Convictions may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)"</u> 		<input type="checkbox"/>
10-6.	Evidence of current PLI cost	<input type="checkbox"/>	<input type="checkbox"/>
10-7.	<u>Evidence of Insurer's Rating (Print-out from Best Rating or Insurer's signed opinion)</u>		<input type="checkbox"/>
10-8.	<p>Actuarial study, most recent^{24,25} (if applicable)</p> <p><u>Note: This information is considered proprietary and is exempt from Freedom of Information Act requests.</u></p>	<input type="checkbox"/>	<input type="checkbox"/>
Section 11: Additional Funding Sources		<input type="checkbox"/>	
11-1.	<p><u>Grants</u> Grant and/or <u>Secondary Financing</u> Loan</p> <p><u>Commitment letter (specifying amount, intended use, conditions) Documents</u></p>	<input type="checkbox"/>	<input type="checkbox"/>
11-2.	<p>Bond Financing</p> <ul style="list-style-type: none"> • Itemized costs of issuance, discounts and financing fees to be paid out of pocket by mortgagor and explanation regarding the necessity of each cost. 	<input type="checkbox"/>	<input type="checkbox"/>

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No.	Item	N/A	Incl.
11-3.	Tax Credits	<input type="checkbox"/>	<input type="checkbox"/>
	A. Letter of commitment from tax credit syndicator or investor (specifying equity amount and pay-in schedule)		<input type="checkbox"/>
	B. Acknowledgment/Release (Addendum 9 of HUD Notice H 95-4)		<input type="checkbox"/>
	C. Reservation, executed copy		<input type="checkbox"/>
	D. Source and Use Statement (Addendum 4 of HUD Notice H 95-4)		<input type="checkbox"/>
	E. HUD-2880, Applicant/Recipient Disclosure/Update Report		<input type="checkbox"/>
	F. F. Bridge Loan agreements	<input type="checkbox"/>	<input type="checkbox"/>
	Subsidy layering review (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
Section 12: Accounts Receivable Financing Documents			
12-1	<u>Revolving Loan Note</u>	<input type="checkbox"/>	<input type="checkbox"/>
12-2	<u>AR Loan Agreement and All Amendments</u>	<input type="checkbox"/>	<input type="checkbox"/>
12-3	<u>Lessee Security Agreement with FHA Lender</u>	<input type="checkbox"/>	<input type="checkbox"/>
12-4	<u>UCC-1 Filings and UCC Searches (all)</u>	<input type="checkbox"/>	<input type="checkbox"/>
12-5	<u>Guarantees (if applicable)</u>	<input type="checkbox"/>	<input type="checkbox"/>
12-6	<u>Cash Flow Chart</u>	<input type="checkbox"/>	<input type="checkbox"/>
12-7	<u>Intercreditor Agreement (ICA) between A/R Lender and FHA Lender</u>	<input type="checkbox"/>	<input type="checkbox"/>
12-8	<u>HUD Rider to Intercreditor Agreement</u>	<input type="checkbox"/>	<input type="checkbox"/>
12-9	<u>AR Lender Lock-box Agreement or equivalent control agreement</u>	<input type="checkbox"/>	<input type="checkbox"/>
12-10	<u>Accounts Receivable Financing Certifications (Format posted to HUD.GOV)</u>	<input type="checkbox"/>	<input type="checkbox"/>
12-11	<u>Security Agreement with AR Lender and Amendments</u>	<input type="checkbox"/>	<input type="checkbox"/>
Section 13: Master Lease Documents ²³			
13-1	<u>Master Lease Documents</u>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>A. Master Lease (with HUD Addendum)</u>		<input type="checkbox"/>
	<u>B. Sublease</u>		<input type="checkbox"/>
	<u>C. HUD Master Lease SNDA or Subordination Agreement (if related owner and operator)</u>		<input type="checkbox"/>
	<u>D. Cross Default Guarantee of Sub-Tenants</u>		<input type="checkbox"/>
13-2	<u>2530/APPS on the Master Tenant:</u>		
	<u>A. Paper 2530:</u>		
	<u>1. Completed Paper HUD-2530 (with documentation for signature authority to sign for the entity & if applicable, with documentation for signature authority to sign for other principals with same participation)</u>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>2. Evidence of registration in HUD's Business Partners Registration System – required for all applicable participants. (http://www.hud.gov/offices/hsg/mfh/apps/appsmfhm.cfm)</u>	<input type="checkbox"/>	<input type="checkbox"/>
	OR		
	<u>B. APPS Submittal: APPS Certification (with documentation for signature authority to sign for the entity & if applicable, with documentation for signature authority to sign for other principals with same participation)</u>	<input type="checkbox"/>	<input type="checkbox"/>

1 - Please have check include reference to project name, location, mortgagee number, and purpose – FHA application fee.

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2 - Lender shall not make any alterations to the narrative format. If a particular section does not apply within the narrative, it should specifically be noted as NOT APPLICABLE.

[3 - Applies to Mid-Sized or Large-Sized Portfolios](#)

4 - All third party reports must be submitted within 180 days of the date of inspection.

~~5 - Nonprofit Mortgagor documentation only required when the nonprofit loan constraints are used.~~

6 - Year-to-date statements: No more than 3 months can have expired since the closing date of the latest unaudited statement. No more than 6 months can have passed since the statements were audited by a CPA/IPA.

~~7 - Audited financial statements are preferred but owner-prepared statements will be accepted. All financial statements, audited and owner-prepared, will need to be certified by the entity with signature authority for that financial statement.~~

8 - [Fill in the Year.](#) Business entities must submit this exhibit for the lesser of the last 3 years or the length of existence.

[Audited financial statements are preferred but owner-prepared statements will be accepted. All financial statements, audited and owner-prepared, will need to be certified by the entity with signature authority for that financial statement.](#)

[9 - Submit documents for each entity in the mortgagor's signature block](#)

10 - If a principal is a business entity (i.e. corporation, partnership) with an operating history, a credit report will be required only on the business firm, not the owners of the firm.

[11 - Submit documents for each entity in the operator's signature block](#)

[12 Submit documents for each entity in the Parent of Operator's signature block.](#)

13 - See Matrix below to determine which items in this Section need to be provided with the application:

Scenario #	Description of Participant Roles	Note	Checklist Items to complete
1	Mortgagor is Owner/Operator. One entity		Nothing from Section 7
2	Mortgagor has a Management Agent		All of Section 7
3	Mortgagor owns building and land, and leases to Operator who holds the license. There is no Management Agent.		Nothing from Section 7
4	Mortgagor owns building and land, and leases to Operator. There is also a Management Agent.		7-4; 7-5; 7-6; 7-7; 7-8

14 - This consolidated certification is in addition to the form HUD-9839.

15 - For mortgages currently insured by HUD, prepayment approval must be obtained from HUD prior to submission of the application.

16 - Floodplain information is only required if the property is located in a 100- or 500-year floodplain.

17 - Operating Financial Statements provided here should pertain only to the operation of the subject facility.

18 - In circumstances beyond the mortgagor's control where the required financial statements are not available, the mortgagor must submit: (a) [Evidence](#), satisfactory [explanation as to the Lender that why](#) the financial statements are not obtainable; and (b) The project financial statements that are available including an owner certified balance sheet and operating statement. ~~The Lender's case file must contain a statement from the mortgagor that explains why all the required records are not obtainable and a memorandum from the Lender to Roger E. Miller, Director, Office of Insured Health Care Facilities (OHCF) stating that he/she has evaluated the mortgagor's statement and agrees that the information is not available. In these situations, a HUD 2 Waiver form is required – include a draft in Exhibit 1-09 of the Firm Application package.~~

19 - Rent roll data will include room number, room type (studio, one bedroom, etc.), occupancy status (occupied/unoccupied), and rental rate.

20 - Professional liability insurance documentation requirements only apply to the insured party providing the coverage and exclude additional named insured parties.

~~21 - Actuarial study only required if the Insured participates in more than 50 healthcare facilities.~~

[22 - Actuarial study required if the entity utilizes self-insurance. If the entity utilizes commercial \(3rd party\) PLI, submit an actuarial study only if one has been previously completed.](#)

[23 - A Master Lease is required for all Mid-Sized and Large-Sized portfolios and for small portfolios with three or more properties and/or \\$15 million or more in aggregate mortgage amount.](#)